

Interview with Dr. Myron Tong, former Officer-in-Charge, Danang Detachment, Naval Medical Research Unit-2 (NAMRU-2). Conducted by Jan K. Herman, Historian of the Navy Medical Department, 4 April 2006.

What was your background before you went to Vietnam?

I had a Ph.D. from Berkeley. I was just finishing my first year of residency at Marin County Hospital when Dr. Watten drafted me. He was looking for people with laboratory and clinical experience. I found many of the tropical diseases really interesting and so unique.

The surgical unit in Danang was set up for all these measurements of blood volume, pulmonary function tests, etc.

When did you actually join the Navy?

I had just finished my first year of residency in June and was actually in Vietnam within 2 weeks. I went to Oak Knoll Hospital for orientation, got vaccinations, and 7 days later was in Taipai getting ready to go to Vietnam. I didn't know a lot about the military.

But Dr. Watten had pretty much briefed you as to what you'd be doing when you got to Vietnam.

Yes. It was to study war wounds. That was the main thing. I also did some work on the medical wards when I got there because that's what I wanted to do. This is when we saw all these tropical diseases and began to study them as well as setting up the bacteriology laboratory.

But the biggest problem was malaria.

Malaria was the biggest problem but there were other diseases that were so prevalent and so unknown to us. We only had textbooks to go on. I'm talking about leptospirosis, Japanese B encephalitis, malaria. We also had scrub typhus, which we had never seen before.

After you arrived there at the hospital, did they assign you to a specific physical location?

The hospital was situated not far from the Marine helicopter base, which was next to Marble Mountain and very close to the ocean. It was also near the main north-south highway.

A special building had been constructed for us to work in before we got there. It had to be a laboratory building because of what we were doing using cultures and animals. It was located right on the edge of the grounds. We had a regular airlift to Taipai from Danang airport, which was the busiest airport in the world at that time; planes were landing every 20 seconds.

So when it was possible, we had this airlift to Taipai. A C-130 came every 2 weeks, as I recall. Laboratory supplies and whatever we needed would be shipped from our parent unit in Taipai. And whatever we had--cultures and specimens--would be shipped back to Taipai. This is how we communicated.

What was your specific title at that time?

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Officer-in-Charge of the Danang Detachment for NAMRU-2.

What was your staff?

I think we had 10 to 13 corpsmen, laboratory people, and a chief who helped me out. And I needed his help having come from the civilian world only 2 weeks before.

What a culture shock.

It was really a shock for me. Tet had just finished and the facility was still very active. When you talk about this, you really have to talk about the hospital and the number of patients they saw on a daily basis, which was enormous. The people in Triage worked really hard.

Did you actually go on the wards to do your research?

Yes. We went to Triage. We went to the operating rooms. We had to get the cultures from the wounds. We dealt both with medical and surgical patients. I would say that Dr. Watten had the bacteriology part organized in Taipai so they would send us the culture plates and we would do the culturing and the initial incubation for this particular war wound study at our building.

What would a typical day been like for you?

All the doctors lived together in hooches. Everybody got up at 6:30, ate breakfast by 7. Because I was in charge of the detachment, I had to make sure the lab and staff were okay. I tried to integrate the unit into the workings of the hospital.

The other thing I did was set up medical meetings right in the hospital grounds. We would have a conference of some kind and doctors from the hospital as well as those doctors who were working in the field would come in and participate in discussions about medical topics that were current.

So a corpsman would go to the ward and take a culture?

We all went. Since I was the head of the team, I had to go. And we went to Triage--into the surgical unit to get this stuff. After Triage, the patients were taken straight to Surgery for debridement and other surgical procedures. Most of what we obtained was from war-related wounds. We published a paper in JAMA entitled, "Septic Complications of War Wounds."

What year was that?

I think it was '71. That article really described our unit. We must have put out 10 papers from that unit on all the diseases we studied.

After you took the cultures, you cultured them in the lab.

They were sent to Taipai and we got the results from there.

What did you find?

We found a lot of gram negative bacteria. We knew that the wounds were from the soil. We actually went out to the field and cultured the soil to see what bacteria was present.

It must have been quite an experience for you to be in a place where there were things none of you had ever seen before.

We worked really hard because we couldn't do anything else. It was a 7-day-a-week job. We couldn't go out of the grounds. The other part was that we hired people from the nearby village to come and work in the unit. They didn't do any of the medical stuff.

We also had an animal research unit there.

How long were you in Vietnam?

One year. I got there in July of '68 and was there until June of '69. Then I went to Taipai. From Taipai, we immediately went to the Philippines for the cholera epidemic. Another doctor took my place in Danang.

Does the name Steve Berman mean anything?

Definitely so. Steve Berman was an infectious disease guy but he spent most of his time in Taipai.

With the malaria, there were three varieties--falciparum, malariae, and vivax.

Falciparum was the most malignant of all the malaria. The circulatory complications were mostly in patients with falciparum malaria. We did a number of papers about it at the time. I think you would get a flavor of how we felt at that time in looking at these diseases from the writings.

It's probably better than trying to rely on your memory at this point.

That's right. In looking back, Watten did a good job in organizing the staff. It was hard to get non-military physicians to integrate with the military physicians because everyone came from a different mind set. But all of us were there to do a job and all of us were quite committed because of all the patients we had to take care of. We were all pretty dedicated to doing a job for our country.

Because I was Asian, I actually made rounds on the prisoners while I was there, even though that wasn't my job. We had a ward that had Viet Cong and North Vietnamese soldiers who were sick with malaria and other diseases. Because I could speak Chinese, I also made rounds in a special compound for Chinese Communists. This compound wasn't on the hospital grounds but in another part of Danang. These officers got very good treatment.

The POW ward at the hospital was also in a different building?

Yes. It was very well guarded. Even though I couldn't speak Vietnamese, these prisoners were very friendly to me. This wasn't part of our research job but it just fell into what we were doing. They had the same diseases our soldiers had and they got the same treatment, also.

It's been 35 years since all that happened. Do you think about that time much anymore?

Of course. All the time. And if you talk to any of those people, they will tell you the same thing. It was such a special time in our lives. It helped shaped the way some of us think because of all the trauma, disease, and death we encountered. I recall so many things so clearly.

But you say, it shaped the rest of your career?

Yes. I spent my entire service career overseas. After Vietnam, I requested to go back to the parent unit to participate in all the studies that were going on. In Taipai, one of the Chinese doctors took me to the veterans general hospital, which is their veterans' hospital in Taiwan. I saw cases of liver cancer there and that's what started me on thinking about what was the cause of these liver cancers. I then went into liver disease--hepatology because of that.

So that's your specialty now.

Yes. In fact, today I'm at UCLA doing liver cancer work.

Where do you normally practice?

I have my own practice in Pasadena but I'm also on staff at the UCLA Medical Center.

What's your title?

I am the Chief of Clinical Hepatology and Associate Director of the Liver Cancer Center.

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